

P94000028090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

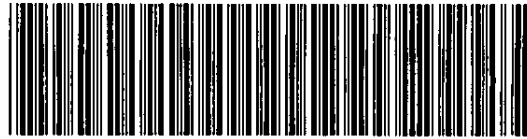
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUL -3 PM 1:24
FBI/DO
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
JUL 24 2014
EXAMINER

BOUNDS LAW OFFICES
2655 SOUTH LeJEUNE ROAD, Suite 805
CORAL GABLES, FLORIDA 33134-5832
PHONE (305) 728-1350
FAX (305) 728-1351

BRUCE M. BOUNDS
ADMITTED, FLORIDA,
NEW YORK, PENNSYLVANIA
& DISTRICT OF COLUMBIA

brucebounds@BoundsLawOffices.com
Mobile: 305.336.0887

June 30, 2014

Florida Department of State
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Request for Filing
Articles of Amendment (M & A Oil Company and Parkway Enterprises, Inc.)

Dear Sir/Madam:

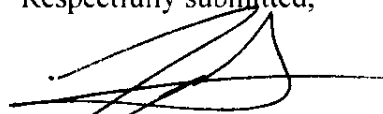
Attached please find Articles of Amendment pertaining to the following corporations:

- 1) M & A Oil Company, and
- 2) Parkway Enterprises, Inc.

as well as our firm check #2115 made payable to the Florida Department of State in the total amount of \$70.00, which represents the filing fee for each of the Articles of Amendment.

If the same is acceptable, upon filing, please return the Articles of Amendment to us in the self-addressed, stamped envelope also enclosed herewith.

Respectfully submitted,



Larissa Pozo, Legal Assistant
BOUNDS LAW OFFICES

enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M + A OIL COMPANY

DOCUMENT NUMBER: P94000028090

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRUCE M. BOUNDS, ESQ.
Name of Contact Person

BOUNDS LAW OFFICES
Firm/ Company

2655 S. LE JEUNE ROAD, SUITE 805
Address

CORAL GABLES, FL 33134
City/ State and Zip Code

BRUCEBOUNDS@BOUNDSLAWOFFICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRUCE M. BOUNDS, ESQ. at (305) 728-1350
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|---|--|---|--|

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL -3 PM 1:24

M J A OIL COMPANY

(Name of Corporation as currently filed with the Florida Dept. of State)

P94000028090

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

N/A

C. Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

N/A

(Florida street address)

New Registered Office Address:

N/A

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

N/A

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

- | | | | |
|--|-----------|---------------------------|---|
| 1) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input checked="" type="checkbox"/> Remove | <u>PD</u> | <u>AMINKHAN A. ALADIN</u> | <u>1 PALMETTO DRIVE</u>
<u>MIAMI SPRINGS, FL 33166</u> |
| 2) <input checked="" type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>PD</u> | <u>AMIR HOODA</u> | <u>1 PALMETTO DRIVE</u>
<u>MIAMI SPRINGS, FL 33166</u> |
| 3) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>VP</u> | <u>ASLAM KHAN</u> | <u>1 PALMETTO DRIVE</u>
<u>MIAMI SPRINGS, FL 33166</u> |
| 4) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>S</u> | <u>SHENAZ HOODA</u> | <u>1 PALMETTO DRIVE</u>
<u>MIAMI SPRINGS, FL 33166</u> |
| 5) <input type="checkbox"/> Change
<input checked="" type="checkbox"/> Add
<input type="checkbox"/> Remove | <u>T</u> | <u>ASMA A HOODA</u> | <u>1 PALMETTO DRIVE</u>
<u>MIAMI SPRINGS, FL 33166</u> |
| 6) <input type="checkbox"/> Change
<input type="checkbox"/> Add
<input type="checkbox"/> Remove | _____ | _____ | _____

_____ |

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

N/A

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

N/A

SECRETARY OF STATE
DIVISION OF CORPORATIONS

The date of each amendment(s) adoption: MAY 19, 2014 3 PM 1:24 if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____"
(voting group)

☒ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated JUNE 30, 2014

Signature A. A. Hooda
(By a director, president or other officer -- if directors or officers have not been selected, by an incorporator -- if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

AMIR HOODA

(Typed or printed name of person signing)

PRESIDENT AND DIRECTOR

(Title of person signing)